

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NV2981AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1235 GLENDA WAY RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/3/09 and completed on 6/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of D.</p> <p>The facility is licensed for 20 Residential Facility for Group beds for elderly and disabled persons, 12 beds Category I and eight beds Category II residents. The census at the time of the survey was 12. Ten resident files were reviewed and seven employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 178 SS=B	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to</p>	Y 178		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	Continued From page 2 <ul style="list-style-type: none"> Persons in charge were not able to demonstrate compliance with NAC 446 food establishment requirements. The facility lacks a dedicated kitchen hand sink and prep sinks. Proper installation and repair of the dish machine should free up other sink bins for safe operation until facility remodel or expansion. Ready to eat potentially hazardous foods in the refrigerator were found not dated, and subsequently used or discarded within 10 days. The following domestic equipment does not meet the requirements of commercial equipment certified to NSF Standards: blenders, Black & Decker toaster, and crockpot. A NRS/NAC 446 inspection form was provided and acknowledged in writing during the survey. Severity: 3 Scope: 3	Y 255			
Y 276 SS=D	449.2175(7) Nutrition and Service of Food NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. This Regulation is not met as evidenced by: Based on interview and observation on 6/3/09, the facility did not served meals that met the	Y 276			

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Y 276	Continued From page 3 individual preferences of residents interviewed by having fresh fruits and vegetable available for serving. Severity: 2 Scope: 1	Y 276			
Y 354 SS=D	449.222(4) Bathrooms and Toilet Facilities NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that all exhaust fans were functioning properly for 1 of 20 bathroom exhaust fans (bed room #1 the bathroom exhaust fan did not function). Severity: 2 Scope: 1	Y 354			
Y 430 SS=F	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.	Y 430			

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Y 430	Continued From page 4 This Regulation is not met as evidenced by: Based on observation and testing, the facility failed to maintain battery operated emergency lights for 3 of 6 emergency lights in the facility (top of the front stairs, top of the back stairs and outside room#15). Severity: 2 Scope: 3	Y 430			
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview on 6/3/09, the facility did not obtain physician orders to administer over-the-counter (OTC) medications found in the medication containers for 2 of 10 residents (Resident #8 - Tylenol and Resident #9 - Imodium).	Y 877			

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Y 877	Continued From page 5 Severity: 2 Scope: 1	Y 877			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 6/3/09, the facility failed to ensure that medications prescribed for 1 of 10 residents were available in the facility (Resident #8 - Combient inhaler). This was a repeat deficiency from the 6/17/08 State Licensure survey. Severity: 2 Scope: 1	Y 878			
Y 883 SS=C	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be	Y 883			

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Y 883	Continued From page 6 notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview on 6/3/09, the administrator reported she was not ensuring 10 of 10 resident physician's were notified after doses of medications were refused or missed (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 1 Scope: 3	Y 883		
Y 884 SS=D	449.2742(8) Medication Administration NAC 449.2742 8. An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so. This Regulation is not met as evidenced by: Based on interview and record review on 6/3/09, the administrator, who is a Registered Nurse, reported she was giving a medication that requires injection one time a month to 1 of 10 residents (Resident #1 - Cyanocobalamin). Severity: 2 Scope: 1	Y 884		
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log	Y 890		

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Y 890	<p>Continued From page 7</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(a) A log for each medication received by the facility for use by a resident of the facility. The log must include:</p> <p>(1) The type and quantity of medication received by the facility.</p> <p>(2) The date of its delivery;</p> <p>(3) The name of the person who accepted the delivery;</p> <p>(4) The name of the resident for whom the medication is prescribed; and</p> <p>(5) The date on which any unused medications is removed from the facility or destroyed.</p> <p>This Regulation is not met as evidenced by: Based on interview on 6/3/09, the administrator reported she was not ensuring the facility was maintaining a log of resident medications received at the facility for all residents at the facility.</p> <p>Severity: 1 Scope: 3</p>	Y 890			

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